CENTRAL OHIO TRAUMA SYSTEM
PRE-HOSPITAL COMMITTEE REGIONAL PROTOCOL

EMERGENCY MEDICAL SERVICES CLINICAL INFORMATION FOR PREHOSPITAL PERFORMANCE IMPROVEMENT

PURPOSE STATEMENT

This document is intended to allow hospitals to share patient-specific information with Central Ohio Emergency Medical Services (EMS) Coordinators or their designees who are in a formal oversight role of Performance Improvement (PI) at their EMS agency. This protocol between central Ohio hospitals and EMS agencies promotes the provision of vital feedback to local EMS providers so that optimal prehospital care is achieved in the region.

PERFORMANCE IMPROVEMENT DIRECTIVES FOR HOSPITALS AND EMS

The Ohio Department of Public Safety defines performance improvement (PI) as "the continuous study and improvement of process, system, or organization."[1] The Ohio Revised Code mandates that "each emergency medical service organization in this state shall implement ongoing peer review and quality assurance programs designed to improve the availability and quality of the emergency medical services it provides."[2] The Ohio Administrative Code further defines that "each medical director is required to participate in peer review and quality improvement programs…"[3] Some EMS agencies refer to process improvement as "quality assurance" or "quality improvement."

The Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) which accredits hospitals in central Ohio, describes PI in terms of *measure-related feedback.* Measure-related feedback is performance information made available on a timely basis through an established ongoing process aimed at improving patient care and organizational performance.[4] Such feedback "can be reflective of information within individual organizations (intraorganizational) and/or across organizations (interorganizational)."[2] The American College of Surgeons (ACS) states that PI is the continuous evaluation of a system

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[1] *Guidelines for Developing a Performance Improvement Program,* Ohio Department of Public Safety, Division of EMS. January 2001.
[2] Ohio Revised Code § 4765.12, http://onlinedocs.andersonpublishing.com (as of 10/23/03).
[3] Ohio Administrative Code §4765-3-05, http://onlinedocs.andersonpublishing.com (as of 10/23/03).
[4] JCAHO website http://www.jcaho.org/pms/reference+materials/glossary.htm as of September 15, 2003.

and providers "through structured review of the process of care as well as the outcome."[5] The ACS specifies that EMS agencies should be included in trauma centers' PI process.

Ultimately EMS agencies have the responsibility of ascertaining that the care that they provide is optimal based on current national standards. Central Ohio hospitals are often able to provide valuable feedback to local EMS providers regarding the effectiveness of a patient's prehospital care.

PATIENT INFORMATION FOR PI

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) helps to assure that citizens' medical records are kept private. In some instances, HIPAA allows disclosure of health information without individual authorization, including disclosures between health care providers for "quality assurance" activities.[6] Specifically, HIPAA provides that "a covered entity (including a hospital) may disclose protected health information to another covered entity (including an EMS provider) for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subjection of the protected health information being requested, the protected health information pertains to such relationship, and the disclosure is for conducting quality assessment and improvement activities."[7] Whenever information is released, HIPAA mandates that disclosures are restricted to the minimum amount necessary to accomplish the relevant purpose of the request.

Ohio law allows for the confidentiality and protection of PI activities when conducted within the realm of a performance improvement peer review committee.[8] Local EMS agencies and hospitals must conduct performance improvement as mandated by Ohio law.[9] Necessary information exchange between organizations relating to performance improvement must go from peer review committee to peer review committee. Organizational peer review committees typically have a coordinator or designee who oversees the exchange of information and brings it to the committee for consideration and action if appropriate.

THE PI PROCESS

For purposes of this regional protocol, every participating EMS agency and hospital must have a peer review PI committee and designated PI Coordinator who shall serve as the entry

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[5] *Trauma Performance Improvement Reference Manual*, Performance Improvement Subcommittee of the American College of Surgeons, Chicago, Illinois, January 2002.
[6] 45 CFR §164.506(c)(4).
[7] 45 CFR §§164.506(c)(4) and 164.501.
[8] Ohio Revised Code §§2305.24, 2305.25, 2305.251, 2305.252 & 3727.09.
[9] Ohio Revised Code §4765.12. Acute care hospitals wanting more information on establishing a peer review PI process should see the Central Ohio Trauma System's *Trauma Performance Improvement Guidelines for Acute Care Hospitals*, December 2002.

point for the information request. All PI Committee members shall have confidentiality statements on file within their respective organizations.

The initiation of a request to a hospital for patient-specific information in relation to performance improvement rests with the EMS agency's PI Coordinator or PI Committee Designee. A request for the information is directed to the EMS agency PI Coordinator/ Designee by a member of the same agency. This request can come from an EMS Provider involved in the run, the EMS Medical Director, or an EMS Supervisor. The EMS agency PI Coordinator/Designee documents the request on the COTS *Clinical Information Request Form for Prehospital PI* and submits it to Hospital Emergency Services PI Coordinator/ Designee. Consideration must be given to institutional protocols involving the faxing of requested information with patient identifiers. It is recommended that the request forms be sent via registered United States mail (USPS), electronic mail with privacy-protective software, or hand-delivered. The *Clinical Information Request Form* is completed by the Hospital Emergency Services PI Coordinator/Designee and returned via registered USPS, electronically through privacy-protective software, or hand-delivery to the EMS Agency's PI Coordinator/Designee. (See *Process Algorithm, Attachment A.)*

The EMS agency PI Coordinator/Designee follows up with the agency's peer review PI Committee and EMS Provider involved in the run as appropriate. All patient information MUST remain confidential within the realms of the PI process. EMS personnel shall have a confidentiality statement on file at their respective agency prior to receiving patient-specific information.

PREHOSPITAL COMMITTEE MEMBERS

Members of the COTS Prehospital Committee include: Al Gora, MD, Mount Carmel, *Chair;* Tom Gavin, MD, OSU Medical Center, *Chair*; Chris Alexander, EMTP, Grandview Fire; Bobbi Allen, RN, Mount Carmel St. Ann's; Sandy Anderson, RN, OhioHealth; Julia Andrews, RN, COTS; Bill Barks, EMTP, Delaware County EMS; Nancie Bechtel*, RN, COTS; Brian Bemiller, EMTP, Jerome Twp. Fire; Carl Bricker, RN, Riverside Methodist Hospital; MaryAnn DelAguaro*, RN, Grant Medical Center *(Subcommittee Co-chair);* Wade Edwards*, EMTP, Hamilton Township Fire; Jim Glover, EMTP, Licking Memorial Hospital; John Harbaugh, EMTP, Jefferson Township Fire; Greg Harper, EMTP, Truro Twp. Fire; Kurt Hester, EMTP, Whitehall Fire; Renea Hushour, RN, Columbus Health Department; Bertie Ingles, EMTP, Westerville Fire; Dave Keseg*, MD, Columbus Fire; Scott Koloff, Upper Arlington Fire; Sherri Kovach*, RN, Columbus Children's Hospital; Mary Jo Ley, RN, The Ohio State University Medical Center; Michael Little, EMTP, Violet Township Fire; Mark Mankins*, EMTP, Worthington Fire; Jerry Mason, Assistant Chief, Columbus Fire; Jack McCoy, EMTP, Washington Twp. Fire; Vincent Papa*, PhD, EMTP, Norwich Township Fire; Jeff Routte, EMTP, Prairie Twp. Fire; Kate Shaner*, RN, Children's Hospital *(Subcommittee Co-chair)*; Ben Stobbe, RN, Riverside Hospital; Michael White*, EMTP, Newark City Fire; and John Wilt, EMTP, Columbus Fire; Jocelyn Zerkle, COTS.

**Indicates a member of the Task Force that created the draft protocol*

ATTACHMENT A

EMERGENCY MEDICAL SERVICES
CLINICAL INFORMATION REQUEST FORM
FOR PREHOSPITAL PERFORMANCE IMPROVEMENT (PI)

PROCESS ALGORITHM

EMS PI Coordinator/Designee contacted about incident and need for patient info related to PI by:

- EMS Provider involved in the run
- EMS Supervisor
- EMS Medical Director

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EMS PI Coordinator/Designee completes the COTS *Clinical Information Request Form for Prehospital PI* and submits it to Hospital Emergency Services PI Coordinator/Designee

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Form completed by Hospital Emergency Services PI Coordinator/ Designee and returned via USPS, hand-delivery, or electronically with privacy-protective software to EMS PI Coordinator/Designee

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EMS PI Coordinator/Designee follows up with agency's peer review PI Committee and EMS Provider involved in the run as appropriate

Central Ohio
Trauma
System

EMERGENCY MEDICAL SERVICES
CLINICAL INFORMATION REQUEST FORM
FOR PREHOSPITAL PERFORMANCE IMPROVEMENT

Request Initiated by EMS PI Coordinator/Designee _____
(Print Name)

EMS PI Coordinator/Designee Signature _____

EMS Agency Name & Address _____

_____

EMS Agency Phone _____ Fax _____

Date of Transport _____ Time of Transport _____

Patient Name _____ Run Report Number _____

Date of Request _____ Information Requested _____

_____

_____

Hospital Name _____

Hospital Emergency Services PI Coordinator/Designee Name _____

EMS PI Coordinator/Designee Name to whom info was given if different than above _____

_____

Date Info Provided _____ Mode of Return: USPS /Electronic/Hand Deliver
(Circle one)

This document is privileged, confidential, exempt from disclosure, and protected under ORC Secs 2305.24, 2305.25, 2305.251, & 2305.252. Do not redisclose. If this document is found, return to COTS, 431 East Broad Street, Columbus, Ohio 43215. (02/04)

INFORMATION REQUESTED *(please be specific)*:

Signature _____

Hospital Emergency Services PI Coordinator/Designee & Credentials

This document is privileged, confidential, exempt from disclosure, and protected under ORC Secs 2305.24, 2305.25, 2305.251, & 2305.252. Do not redisclose. If this document is found, return to COTS, 431 East Broad Street, Columbus, Ohio 43215. (02/04)

BERGER HEALTH SYSTEM

CENTRAL OHIO FIRE CHIEFS' ASSN.

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COLUMBUS OHIO DIVISION OF FIRE

Doctors Hospital OhioHealth

Fairfield Medical Center

Franklin County Fire Chiefs

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Central Ohio Trauma System

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SOUTHEASTERN MED